



UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON GOVERNMENT REFORM ? MINORITY STAFF
SPECIAL INVESTIGATIONS DIVISION
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**HEAD START HELPS LOW-INCOME CHILDREN RECEIVE NECESSARY DENTAL CARE
CURRENT PROPOSALS IN CONGRESS JEOPARDIZE PROGRESS**

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HEAD START HELPS LOW-INCOME CHILDREN RECEIVE NECESSARY DENTAL CARE

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EXECUTIVE SUMMARY

[REDACTED]

[REDACTED]

[REDACTED]

- Enrollment in Head Start provides improved access to preventative dental care. [REDACTED]
- Enrollment in Head Start provides improved treatment for dental problems. [REDACTED]
- Despite Head Start's benefits, some children in Head Start do not have access to basic preventative dental care or dental treatment. [REDACTED]
- Proposals to "block grant" the Head Start program place the program's successes at risk. [REDACTED]

INTRODUCTION

*Oral Health in America*¹

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METHODOLOGY

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¹ U.S. Surgeon General, *Oral Health in America* (2000).

² Clemencia M. Vargas, James J. Crall, and Donald A. Schneider, *Sociodemographic Distribution of Pediatric Dental Caries: NHANES III, 1988—1994*, *Journal of the American Dental Association*, 1229—1238 (Sept. 1998).

³ General Accounting Office, *Dental Disease Is a Chronic Problem among Low-Income Populations* (Apr. 2000).

⁴ U.S. Census Bureau, *Estimated Number and Percent People under Age 5 in Poverty* (1999).

⁵ Head Start centers must follow performance standards that include assuring appropriate dental care frequency, appropriate delivery of service, and appropriate follow-up. Programs must also assure that children found to require dental treatment on screening receive these services. *See* Head Start Performance Standards 1304.20(a)(1).

⁶ C. Jones et al., *Creating Partnerships for Improving Oral Health of Low-Income Children*, *Journal of Public Health Dentistry*, 193-196 (2000).

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FINDINGS

The Benefits of Head Start

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Despite Head Start's Benefits, Children in the Program Continue to Have Difficulties Obtaining Dental Care

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Several Factors Contribute to Problems in Dental Access for Head Start Children

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⁷ Minority staff analysis of Center for Medicare and Medicaid Services (CMS) Form 416 reports for 1999 for available states.

⁸ *Clemencia M. Vargas et al., supra* note 2.

⁹ A minority staff analysis of CMS Form 416 Reports found that 11.8% of children ages three to five obtained dental treatment services in 1999. Since an estimated 29.7% of children in this group have dental decay, this corresponds to approximately 40% of the estimated children with decay obtaining treatment services.

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Medicaid Fails To Ensure Adequate Dentist Participation

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18-19-20

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Shortages in the Dental Workforce

23-24-25

The Michigan Experience

In May 2000, Michigan launched a pilot program, the Healthy Kids Dental Program, to improve dental services and expand access to dental services for poor children in several locations in the state. The program, which was designed with input from the state's Head Start leaders, reimburses providers at commercial rates. Within eight months, data show that utilization has improved 78.7% among Medicaid-eligible children in the pilot areas, and provider participation has increased by 43%. As a result, poor children in the pilot areas in Michigan have many more options for enrolling to receive dental services.

Source: American Academy of Pediatric Dentistry, "Filling Gaps" Task Force Visit to Michigan Healthy Kids Dental Program (Nov. 12-13, 2001).

Inadequate Services at Community Health Centers

26-27-28

¹⁰ General Accounting Office, *Factors Contributing to Low Use of Dental Services by Low-Income Populations* (Sep. 2000).

¹¹ *Id.*

¹² *U.S. Surgeon General, supra* note 1, at 254.

¹³ National Health Law Program, *Docket of Medicaid Cases Filed to Improve Dental Access* (Oct. 19, 2001) (online at www.healthlaw.org/pubs/dentaldocket.html).

¹⁴ Letter from Dr. Burton Edelstein, Children's Dental Health Project, to Rep. Henry A. Waxman (Apr. 8, 2002).

¹⁵ *U.S. Surgeon General, supra* note 1, at 9.

¹⁶ *General Accounting Office, supra* note 8.

¹⁷ *Id.*

¹⁸ In Fiscal Year 2002, the Health Resources and Service Administration will spend \$25.5 million for oral health programs.

REPUBLICAN PROPOSALS TO OVERHAUL HEAD START PUT PROGRESS AT RISK

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CONCLUSION

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19 Two hundred and seventeen Republican members of the House voted for the bill, and 203 Democratic members, 12 Republican members, and 1 independent member voted against the bill.

20 National Head Start Association, *Position Paper: A Look at Head Start's Health Services and Their Value to Our Nation's Poorest Children* (2003). The National Head Start Association is a not-for-profit organization representing children and teachers in the Head Start program.

21 National Head Start Association, *Dismantling Head Start: The Case for Saving America's Most Successful Early Childhood Development Program* (Apr. 16, 2003).

22 *Id.*

23 W.S. Gilliam and C.H. Ripple, *What Can be Learned From State-Funded Pre-Kindergarten Initiatives? A Data-Based Approach to the Head Start Devolution Debate*, in E. Zigler and S.J. Styfco (eds.), *The Head Start Debates (Friendly and Otherwise)* (in press).